

UNITED STATES BANKRUPTCY COURT

Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities, LLC

Case Number: 09-37010

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Amy Downing Bauer

Name and address where notices should be sent:

20835747900200
BAUER, AMY D
148 BOONE TRAIL
SEVERNA PARK, MD 21146

YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID: s1944
AMOUNT/CLASSIFICATION
\$30,600.00 UNSECURED

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

RECEIVED

JAN 11 2010

BMC GROUP

Telephone number:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed:

\$30,600

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim:

wages/salary

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☒ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

Amount entitled to priority:

\$ _____

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 1/10

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



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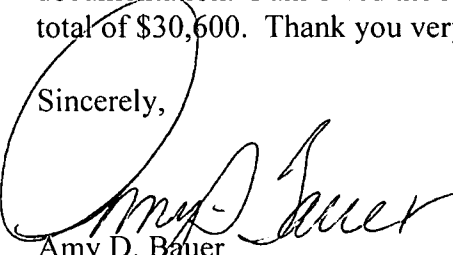
January 1, 2010

BMC Group Inc.
Attn: Erickson Retirement Communities, LLC
Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

Dear Processing Officer:

Attached please find a copy of my severance agreement for 26 weeks of severance totaling \$44,200 commencing with the pay period ending August 22, 2009. I received 8 weeks of severance for a total of \$13,600 and have attached copies of those paychecks as documentation. I am owed the remaining 18 weeks of my package which amounts to a total of \$30,600. Thank you very much for your assistance with this claim.

Sincerely,



Amy D. Bauer

H: 410-647-4069

C: 443-742-9368

TO: Amy Bauer
DATE: July 31, 2009
RE: Separation Agreement and Release

Erickson Retirement Communities, LLC ("Company") must regretfully initiate a reduction in force. This agreement (the "Agreement") sets forth the terms and conditions for your separation from employment. This Agreement supersedes and replaces the agreements dated April 24, 2009 and July 1, 2009.

1. Your last day of work in the office was April 24, 2009. You were paid your regular wages, minus taxes, deductions and withholdings, through April 24, 2009 on the regular payday for Erickson. You commenced an FMLA leave beginning April 27, 2009, the date of your delivery. You used your paid time off ("PTO") until your delivery date. After your delivery date and three days of PTO usage, you begin using your extended leave bank ("ELB"). You were also eligible to your use short-term disability benefit per the terms of that benefit.

2. You will be separated as of the close of business on July 20, 2009 (the "Effective Date"), twelve weeks after the first day that your FMLA leave commences. You will remain an employee at-will through the Effective Date, subject to Erickson's normal rules and standards of conduct for employees. Your current benefits package remains in effect through the end of July 2009 with the standard payroll deduction. You will also receive a check for any accrued, unused PTO hours, minus taxes and withholdings, you have as of the Effective Date on the next regular payday after the Effective Date.

3. If you currently participate in our benefits plan, beginning August 1, 2009, you may elect to continue your current health benefits package under COBRA. If you make this election, you may be eligible for a subsidy of the cost of maintaining your COBRA benefits under a new federal law, the Americans Recovery and Reinvestment Act of 2009 ("ARRA"). Under ARRA, for a limited period, you would be responsible for paying 35% of the ordinary COBRA premium for your benefits. For that same period, Company would be responsible for paying 65% of the ordinary COBRA premium for your benefits. According to current information, this subsidy towards your COBRA premium is for a period of up to 9 months starting with your first month of COBRA eligibility and may be discontinued if you become eligible for other benefits in certain circumstances. Further details on your rights under COBRA are included in the information package with this Agreement. Your eligibility for this subsidy does not depend on signing this Agreement. However, if you do not sign this Agreement, you will need to make your payments directly to our third party COBRA benefits administrator.

4. If you sign this Agreement, we will also provide the benefits listed below. You will not be entitled to any other compensation, payments or benefits; however, this doesn't affect your vested retirement benefits nor any rights you have to continue your health insurance under COBRA.

- 26 weeks of separation pay at your current 2009 salary level, minus taxes, deductions, and withholdings. The separation pay will be made in bi-weekly payments in accordance with Company's regular pay dates. These payments will start on the first pay period following the

Effective Date. However, if you accept another position with Company or another company which is managed by Company during the separation pay period, then your separation pay will end as of the start date for your new position.

- You remain vested in the employer's matching contributions towards your plan per the vesting schedule which is included in your separation packet. Per the terms of the plan, you cannot make any further contributions during the separation pay period.
- We will reimburse you for a fixed period of continuous outplacement services with your selected vendor, at a service level that is agreed upon by you and Erickson. The fixed outplacement services period will terminate at the earlier of: (i) your acceptance of a job offer, or (ii) the end of 12 continuous months of outplacement services. You have advised that you already commenced the outplacement services in June 2009.
- We will continue to cover the monthly service plan charges for your corporate cell phone up to and including August 31, 2009. You will be responsible for paying for calls that are in excess of your monthly limit or services that are outside of the normal corporate monthly plan (e.g., international charges, texting charges, etc.)
- If you participate and are currently vested in Company's Growth Participation Plan (GPP) Units under the terms of the old 2005 plan and/ or the terms of the 2006 plan, your vesting remains the same as of the Effective Date. All payments of GPP value will be made per the terms of the plans and may be delayed or deferred per the terms of the plans.
- If you have a current agreement for tuition reimbursement, we will continue the reimbursement per the terms of our tuition reimbursement policy for this current semester only.
- If you are uncertain about your participation or vesting level in the benefits or plans named above, you may contact the HR Representative at the number provided in your separation packet.

5. After the Effective Date, you agree to return promptly all of Company's property including, but not limited to, your ID card, keys, parking pass, laptop, blackberry/ phone, equipment, and any documents or files concerning residents, employees, services, software, and business information for Company, its managed retirement communities, their members, subsidiaries, or affiliates. You agree to be reasonably available for discussions with your Company about transitioning your work. You agree to submit any expenses which you believe are reimbursable business expenses to Company within 30 days from your separation date. Company will only reimburse business expenses that are timely, genuine and reasonable, and supported by documentation as determined by Company. If you wish to keep your company phone, you will be required to transfer the account to your name and will be responsible for all charges after August 31, 2009. You agree to refrain from disclosing any of Company's trade secrets, business practices, proprietary information or confidential information which you acquired during the course of your employment with Company. You also agree to keep the terms and the existence of this Agreement confidential and not to disclose this Agreement to any other person or entity, except for your attorney, your tax advisor, or your spouse, as applicable, unless otherwise required by law.

6. You agree not to communicate any derogatory or defamatory information concerning Company, its managed retirement communities, including their directors, officers, and employees to any other person or entity. Company agrees not to condone its managers communicating any derogatory or defamatory information concerning you to any other person or entity. If Company becomes aware of

AOS

The agreed to rate for the outplacement services is \$337.50 per month with services commencing in June of 2009. Each month's paid invoice will be submitted to Human Resources for prompt reimbursement.

such conduct, Company will make a prompt and good faith effort to stop same. Company also agrees that it will not contest your application for unemployment compensation benefits.

7. In consideration for the benefits listed in Sections 1, 2, 4, 5, and 6 of this Agreement, you hereby release Company, its managed retirement communities, their owners, members, directors, officers, employees, agents, insurers, employee benefit plans and fiduciaries/ administrators of such plans, and all related or affiliated persons or entities (collectively the "Released Parties") of and from any and all known and unknown liability, claims, causes, demands, attorneys fees, damages, and rights, including, but not limited to, any claims which you have or may have arising out of or related to your employment, including the separation of your employment. This waiver and release includes all rights and obligations under any federal, state, or local laws, regulations, ordinances, or common law, including but not limited to all employment discrimination laws such as Title VII of the Civil Rights Act of 1964, as amended, the Maryland Human Rights Act, the Family & Medical Leave Act, the Worker Adjustment and Retraining Notification Act ("WARN"), the Americans with Disabilities Act of 1990, Sections 1981 through 1988 of Title 42 of the United States Code, the Employee Retirement Income Security Act of 1974 ("ERISA"), and all other employment laws, claims for wrongful discharge, claims of unfair dealing, claims in connection with any employment contract, and claims for personal injury, emotional distress, pain and suffering, compensatory or punitive damages. Erickson hereby releases you from all known and unknown liability, claims, causes, demands, attorneys fees, damages and rights that it may have against you arising out of or related to your employment.

8. You agree that you have not filed nor commenced any charges, complaints, claims, civil actions or other proceedings against the Released Parties in any federal, state, local or other agency, court, or tribunal. You agree not to seek or request damages in connection with any other claim, demand or charge against the Released Parties. This Agreement is not intended to interfere with any right you have to file a charge with any federal, state or local governmental agency, except that you agree that by entering into this Agreement, you waive any claim to recovery of any remedy beyond what is provided in this Agreement. You also agree that you have not been denied any leave requested under the Family and Medical Leave Act or any applicable state/ local leave laws. This paragraph does not preclude you from bringing an action to enforce the terms of this Agreement or to challenge the validity of this Agreement.

9. You agree that you had the opportunity to report to Company any violations of the Corporate Compliance Plan during your employment and you further agree that you have no knowledge of any violations of the Plan except as otherwise reported. You agree that your obligations under this Agreement are material obligations on which Company is reasonably relying. If you breach your obligations under this Agreement, Company may immediately suspend or terminate its own obligations under the Agreement, including but not limited to, its obligations to pay any and all compensation or other amounts listed in Section 4 of this Agreement or pursue an action to recover any such compensation paid or enforce performance of this Agreement.

10. This Agreement shall not be in any way construed as an admission by Company, its owners, members, directors, officers, employees, or agents of any liability, wrongdoing, discrimination, fault, or breach.

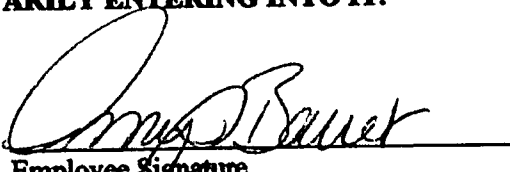
11. You have the right to consult with an attorney concerning this Agreement, if you believe that is appropriate. This offer will be held open for no more than 14 days from July 31, 2009. If you do not sign and return the Agreement within the 14 day period, the offer will automatically expire.

12. Your signature confirms that you are entering into this Agreement voluntarily, you understand all of its terms, and that you are not relying upon any other representations or agreements of Company except for those expressly set forth in this Agreement. Once signed, this Agreement will set forth the entire agreement between Company and you and supersedes any previous agreements or discussions concerning your employment or the termination thereof, except as expressly noted above. No changes in this Agreement will be valid unless in writing and signed by both parties. In the event that any one or more of the provisions of this Agreement other than the general release language in Section 7 shall for any reason be held to be invalid, illegal or unenforceable, the invalidity, illegality, or unenforceability shall not affect any other provision, and the Agreement shall be construed as though it had not contained the invalid, illegal, or unenforceable provision.

13. Any need for interpretation or enforcement of this Agreement will be in accordance with Maryland law, without regard to its conflict of laws provisions. Company and you agree that any action or proceeding relating to the enforcement of this Agreement will only be brought in the courts of Baltimore County, Maryland or in the U.S. District Court for the State of Maryland. Company and you further agree that any such action or proceeding will be heard without a jury or an advisory jury. You and Company waive your respective rights to bring any such action or proceeding in any other jurisdiction, or to have any such action or proceeding heard before a jury or an advisory jury.

PLEASE READ THIS AGREEMENT CAREFULLY. IT CONTAINS A RELEASE OF ALL KNOWN AND UNKNOWN CLAIMS AS OF THE DATE OF THIS AGREEMENT. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND ARE VOLUNTARILY ENTERING INTO IT.

Witness:



Employee Signature

Amy Bauer

Date: August 4, 2009

Witness:



Erickson Retirement Communities, LLC

Signed by:

Printed Name:

Date: 5/12/09

Earnings Statement

Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Page 001 of 001
Period Ending: 08/22/2009
Advice Date: 08/28/2009
Advice Number: 0000460677
Batch Number: 000000002794

Exemptions Addl Amt Addl %
Fed: Married-02 120.00
MD: Not app-02

AMY D. BAUER
148 Boone Trail
Severna Park, MD 21146

Earnings	Rate	Hours	This Period	Year-to-Date
Severance Wa	42.5000	0.00	3400.00	3400.00
Funeral	0.0000	0.00	0.00	340.00
Regular Pay	0.0000	0.00	0.00	29580.00
Holiday	0.0000	0.00	0.00	1360.00
ELB	0.0000	0.00	0.00	14620.00
PTO	0.0000	0.00	0.00	7251.78

Deductions	This Period	Year-to-Date
*Medical	30.09	511.53
*Dental	7.54	127.69
*AD&D	2.78	47.26
*401(k)	510.00	8482.77
Short Term Disabi	45.60	775.20
Optional Life	0.00	107.10

Gross Pay	0.00	3400.00	56551.78
Tot PROD	0.00	0.00	
Tot NON PROD	0.00	3400.00	

Tax Deductions

Fed Withholding	397.73	6981.05
Fed MED/EE	48.72	810.05
Fed OASDI/EE	208.30	3463.65
MD Withholding	185.70	3078.93

Total	596.01	10051.55
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*Excluded from Federal Taxable Wages

** Imputed Income - Group Term Life

Leave Summary	Balance
PTO	0.01
ELB	91.77

Message

Direct Deposit Summary

Trans	Type	Account	Amount
Deposit	Che	XXXXXXXXXX7575	1,963.54
Net Check			0.00

Net Pay	1963.54	32166.55
Fed Taxable Wages	2849.59	47382.53

Total	840.45	14333.68
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VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

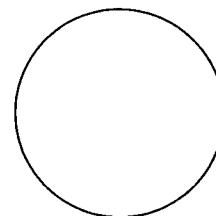
Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Advice Number: 0000460677
Advice Date: 08/28/2009

Deposited to the account of AMY D. BAUER
Account Number XXXXXXXXXX7575
Transit CABA
Amount 1963.54

THIS IS NOT A CHECK

NON-NEGOTIABLE



HOLD AT AN ANGLE TO VIEW
ADP WATERMARKS

THIS SIDE OF DOCUMENT CONTAINS ADP WATERMARKS. HOLD AT AN ANGLE TO VIEW.

W 855722916

HOLD AT AN ANGLE TO VIEW
ADP WATERMARK

TRANSIT ENDORSEMENT

PURPLE ADP LOGO PRINTED WITH INK
THAT RESPONDS TO WARMTH. HOLD
BETWEEN THUMB AND FOREFINGER OR
BREATHE ON IT - THE ADP LOGO WILL FADE
AND REAPPEAR

▼ DO NOT WRITE / SIGN / STAMP/BELOW THIS TYPE ▼

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005745 ERC/XDL 10190119

Earnings Statement

Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Page 001 of 001
Period Ending: 09/05/2009
Advice Date: 09/11/2009
Advice Number: 0000469432
Batch Number: 000000002836

Exemptions Addl Amt Addl %
Fed: Married-02 120.00
MD: Not app-02

AMY D. BAUER
148 Boone Trail
Severna Park, MD 21146

Earnings	Rate	Hours	This Period	Year-to-Date
Severance Wa	42.5000	0.00	3400.00	6800.00
Funeral	0.0000	0.00	0.00	340.00
Regular Pay	0.0000	0.00	0.00	29580.00
Holiday	0.0000	0.00	0.00	1360.00
ELB	0.0000	0.00	0.00	14620.00
PTO	0.0000	0.00	0.00	7251.78

Deductions	This Period	Year-to-Date
*Medical	30.09-	481.44
*Dental	7.54-	120.15
*AD&D	2.78-	44.48
*401(k)	510.00-	7972.77
Short Term Disabi	45.60-	729.60
Optional Life	0.00	107.10

Gross Pay	0.00	3400.00	59951.78
Tot PROD	0.00	0.00	
Tot NON PROD	0.00	3400.00	

Tax Deductions

Fed Withholding	638.85	7619.90
Fed MED/EE	49.88	859.93
Fed OASDI/EE	213.30	3676.95
MD Withholding	266.61	3345.54

Total	596.01-	9455.54
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*Excluded from Federal Taxable Wages
** Imputed Income - Group Term Life

Leave Summary	Balance
PTO	0.01
ELB	91.77

Message

Direct Deposit Summary

Trans	Type	Account	Amount
Deposit	Che	XXXXXXXXXX7575	2,827.37
Net Check			0.00

Net Pay	2827.37	34993.92
Fed Taxable Wages	3950.41	51332.94

Total	1168.64	15502.32
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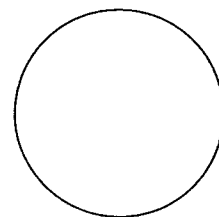
VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Advice Number: 0000469432
Advice Date: 09/11/2009

Deposited to the account of AMY D. BAUER
Account Number XXXXXXXXXX7575
Transit ABA 655003201
Amount 2827.37

NON-NEGOTIABLE



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ADP WATERMARKS

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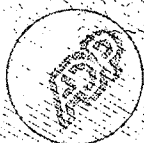
Z 811170168

TRANSIT ENDORSEMENT

▼ DO NOT WRITE / SIGN / STAMP/BELOW THIS TYPE ▼



HOLD AT AN ANGLE TO VIEW.
ADP WATERMARK



PURPLE ADP LOGO PRINTED WITH INK
THAT RESPONDS TO WARMTH. HOLD
BETWEEN THUMB AND FOREFINGER OR
BREATHE ON IT - THE ADP LOGO WILL FADE
AND REAPPEAR.

Emplid Co Dept 000285-000285
005745 ERC/XDL 10190119

Earnings Statement

Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Page 001 of 001
Period Ending: 09/19/2009
Advice Date: 09/25/2009
Advice Number: 0000476526
Batch Number: 000000002878

Exemptions Addl Amt Addl %
Fed: Married-02 120.00
MD: Not app-02

AMY D. BAUER
148 Boone Trail
Severna Park, MD 21146

Earnings	Rate	Hours	This Period	Year-to-Date
Severance Wa	42.5000	0.00	3400.00	10200.00
Funeral	0.0000	0.00	0.00	340.00
Regular Pay	0.0000	0.00	0.00	29580.00
Holiday	0.0000	0.00	0.00	1360.00
ELB	0.0000	0.00	0.00	14620.00
PTO	0.0000	0.00	0.00	7251.78

Deductions	This Period	Year-to-Date
*Medical	0.00	481.44
*Dental	0.00	120.15
*AD&D	0.00	44.48
*401(k)	0.00	7972.77
Optional Life	0.00	107.10
Short Term Disabi	0.00	729.60

Gross Pay	0.00	3400.00	63351.78
Tot PROD	0.00	0.00	
Tot NON PROD	0.00	3400.00	

Total	0.00	9455.54
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Tax Deductions

Fed Withholding	501.25	8121.15
Fed MED/EE	49.30	909.23
Fed OASDI/EE	210.80	3887.75
MD Withholding	226.15	3571.69

*Excluded from Federal Taxable Wages
** Imputed Income - Group Term Life

Leave Summary	Balance
PTO	0.01
ELB	91.77

Message

Direct Deposit Summary

Trans	Type	Account	Amount
Deposit	Che	XXXXXXXXX7575	2,412.50
Net Check			0.00

Total	987.50	16489.82
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Net Pay	2412.50	37406.42
Fed Taxable Wages	3400.00	54732.94

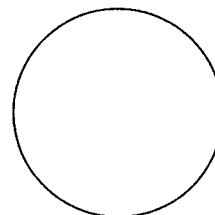
VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM.

Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Advice Number: 0000476526
Advice Date: 09/25/2009

Deposited to the account of	Account Number	Transit	ABA	Amount
AMY D. BAUER	XXXXXXXXX7575	655003201		2412.50

NON-NEGOTIABLE



HOLD AT AN ANGLE TO VIEW
ADP WATERMARKS

THIS SIDE OF DOCUMENT CONTAINS ADP WATERMARKS. HOLD AT AN ANGLE TO VIEW.

W 867405772

HOLD AT AN ANGLE TO VIEW
ADP WATERMARK

TRANSIT ENDORSEMENT

PURPLE ADP LOGO PRINTED WITH INK
THAT RESPONDS TO WARMTH. HOLD
BETWEEN THUMB AND FOREFINGER OR
BREATHE ON IT. THE ADP LOGO WILL FADE
AND REAPPEAR

▼ DO NOT WRITE / SIGN / STAMP/BELOW THIS TYPE ▼

KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

Earnings Statement

Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Page 001 of 001
Period Ending: 10/03/2009
Advice Date: 10/09/2009
Advice Number: 0000484329
Batch Number: 000000002920

Exemptions Addl Amt Addl %
Fed: Married-02 120.00
MD: Not app-02

AMY D. BAUER
148 Boone Trail
Severna Park, MD 21146

Earnings	Rate	Hours	This Period	Year-to-Date
Severence Wa	42.5000	0.00	3400.00	13600.00
Funeral	0.0000	0.00	0.00	340.00
Regular Pay	0.0000	0.00	0.00	29580.00
Holiday	0.0000	0.00	0.00	1360.00
ELB	0.0000	0.00	0.00	14620.00
PTO	0.0000	0.00	0.00	7251.78

Deductions	This Period	Year-to-Date
*Medical	0.00	481.44
*Dental	0.00	120.15
*AD&D	0.00	44.48
*401(k)	0.00	7972.77
Optional Life	0.00	107.10
Short Term Disabi	0.00	729.60

Gross Pay	0.00	3400.00	66751.78
Tot PROD	0.00	0.00	
Tot NON PROD	0.00	3400.00	

Tax Deductions

Fed Withholdng	501.25	8622.40
Fed MED/EE	49.30	958.53
Fed OASDI/EE	210.80	4098.55
MD Withholdng	226.15	3797.84

Total	0.00	9455.54
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*Excluded from Federal Taxable Wages
** Imputed Income - Group Term Life

Leave Summary	Balance
PTO	0.01
ELB	91.77

Message

Direct Deposit Summary

Trans	Type	Account	Amount
Deposit	Che	XXXXXXXXXX7575	2,412.50
Net Check			0.00

Total	987.50	17477.32
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Net Pay	2412.50	39818.92
Fed Taxable Wages	3400.00	58132.94

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VERIFY DOCUMENT AUTHENTICITY. COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

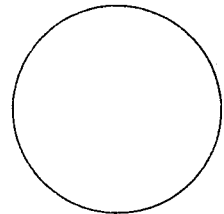
Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Advice Number: 0000484329
Advice Date: 10/09/2009

Deposited to the account of AMY D. BAUER
Account Number XXXXXXXXXXXX7575
Transit ABA 655003201
Amount 2412.50

THIS IS NOT A CHECK

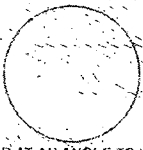
NON-NEGOTIABLE



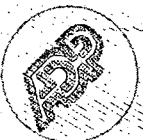
HOLD AT AN ANGLE TO VIEW
ADP WATERMARKS

THIS SIDE OF DOCUMENT CONTAINS ADP WATERMARKS. HOLD AT AN ANGLE TO VIEW.

Z 813262905



HOLD AT AN ANGLE TO VIEW
ADP WATERMARK



PURPLE ADP LOGO PRINTED WITH INK.
THAT RESPONDS TO WARMTH. HOLD
BETWEEN THUMB AND FOREFINGER OR
SNEAK THE LOGO. THE ADP LOGO WILL FADE
AND REAPPEAR.

TRANSIT ENDORSEMENT

DO NOT WRITE / SIGN / STAMP/BELOW THIS TYPE

